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## BIB DATA SHEET

CONFIRMATION NO. 3701

<b>SERIAL NUMBER</b> 10/581,299	<b>FILING or 371(c) DATE</b> 07/25/2006 <b>RULE</b>	<b>CLASS</b> 378	<b>GROUP ART UNIT</b> 2881	<b>ATTORNEY DOCKET NO.</b> 1503-1055-1	
<b>APPLICANTS</b> Anders Brahme, Danderyd, SWEDEN; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/SE04/01770 11/29/2004 which claims benefit of 60/526,080 12/02/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/02/2007					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /MEENAKSHI S SAHU/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWINGS</b> 11	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> YOUNG & THOMPSON 209 Madison Street Suite 500 ALEXANDRIA, VA 22314 UNITED STATES					
<b>TITLE</b> Multiple room radiation treatment system					
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		